

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 16-OCT-2016	TIME 20:55:00	2. ADDRESS OF OCCURRENCE 1001 N CICERO AVE CHICAGO, IL 60651	3. LOCATION CODE 220	4. BEAT/OCOR 1111	5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO				
	6. POSITION 9161	7. LAST NAME TEPER	8. FIRST NAME ALICJA	9. STAR NO. 17840	10. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	11. RACE CODE WHI	12. AGE 507	13. HT. 127	14. WT.	
SUBJECT INFORMATION <input type="checkbox"/> DNA	15. DATE OF APT. 15-JUL-2013	16. EMPLOYEE NO. 015	17. UNIT & BEAT OF ASSIGNMENT 4561A	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	21. LAST NAME SUTTLE	22. FIRST NAME SHERROD	23. M.I. T	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE BLK	26. D.O.B. 01-OCT-1989	27. HT. 510	28. WT. 300		
29. ADDRESS 4157 W KAMERLING AVE CHICAGO, IL 60651			30. TELEPHONE NO.	31. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT INJURED BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury			35. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOSPITAL							
36. BY WHOM? DR. BOKHARD			37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized	38. ASSAULTANT:ASSAULT <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 05 Refused Medical Aid	39. ASSAULTANT:BATTERY <input type="checkbox"/> 01 Hospitalized	40. ASSAULTANT:DEADLY FORCE <input type="checkbox"/> 03 Hospitalized				
41. CHARGES PLACED			42. D.O.N.A. <input type="checkbox"/>	43. C.B. NO. 19385610	44. I.R. NO. <input type="checkbox"/>	45. D.O.N.A. <input type="checkbox"/>				
SUBJECT'S ACTIONS <input type="checkbox"/> DNA	46. PASSIVE RESISTER		47. ACTIVE RESISTER		48. ASSAULTANT:ASSAULT		49. ASSAULTANT:BATTERY		50. ASSAULTANT:DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION		FLED		IMMINENT THREAT OF BATTERY		ATTACK WITH WEAPON		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	
	STIFFENED (DEAD WEIGHT)		PULLED AWAY		OTHER REFUSED TO DISARM		ATTACK WITHOUT WEAPON		WEAPON	
	OTHER		OTHER		PERCEIVED AS IMMINENT THREAT		OTHER		OTHER REFUSED TO DISARM	
	MEMBER PRESENCE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM	
	VERBAL COMMANDS		TAKE DOWN / EMERGENCY HANDCUFFING		CLOSED HAND STRIKE/PUNCH		KICKS		IMPACT WEAPON (Describe in Box 40)	
	ESCORT HOLDS		OC CHEMICAL WEAPON		IMPACT WEAPON (Describe in Box 40)		IMPACT MUNITION (Describe in Box 40)		OTHER	
	WRISTLOCK		CANINE		OTHER					
	ARMBAR		TASER (Probe Discharge) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		TASER (Contact Stun) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		TASER (ARC Cycle) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		TASER (Spark Displayed) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	
	PRESSURE SENSITIVE AREAS		OTHER							
MEMBERS RESPONSE <input type="checkbox"/> DNA	51. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)		52. RANK		53. STAR NO.		54. UNIT NO.		55. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
	56. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		57. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		58. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member					
	59. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMIAUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		60. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		61. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		62. WEATHER CONDITIONS CLEAR			
	63. TASER DART ID NO. PHP435		64. WEAPON SERIAL NO. (Include Letters) R033335S		65. CHICAGO GUN REG. NO. R033335S		66. MODEL 17		67. BARREL LENGTH 4.5	
	68. CALIBER/GAUGE 9 MM									
	69. SPECIAL WEAPON CERTIFICATE NO.		70. PROPERTY INVENTORY NO.		71. TYPE OF AMMUNITION USED Department Issued		72. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		73. TOTAL NO. OF SHOTS MEMBER FIRED 10	
	74. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		75. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		76. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		77. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		78. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
	79. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		80. SPECIFY METHOD/EQUIPMENT USED TO RELOAD							
	81. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) CEMENT WALL		82. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input checked="" type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		83. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) LOG# 1082645		84. TOTAL NO. OF SHOTS MEMBER FIRED 10		85. WEAPON DISCHARGE INCIDENT 1629014953	
	86. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input checked="" type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION		87. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						88. WEAPON DISCHARGE INCIDENT HZ4	

CASE INFORMATION	77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		
	78. ADDITIONAL INFORMATION <b>SUBJECT OBSERVED HOLDING A HANDGUN, DURING THE COMMISSION OF AN ARMED ROBBERY, REFUSING TO FOLLOW POLICE ORDERS TO DROP THE WEAPON.</b>		
SIGNATURES	79. REPORTING MEMBER (Print Name) TEPER, ALICJA I 17-OCT-2016 05:56:54	STAR/EMPLOYEE NO. 17840 <span style="background-color: black; color: black;">[REDACTED]</span>	SIGNATURE <span style="background-color: black; color: black;">[REDACTED]</span>
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.		
	80. REVIEWING SUPERVISOR (Print Name) COUGHLIN, MICHAEL L	STAR NO. 1483 <span style="background-color: black; color: black;">[REDACTED]</span>	SIGNATURE <span style="background-color: black; color: black;">[REDACTED]</span>
			DATE REVIEWED      TIME 17-OCT-2016 06:07:01

1629014953

75. EVENT NO.

HZ477078

76. R.D. NO.

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### B1. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

Subject Hospitalized/Intubated

DNA

REFUSED

(INTERVIEW NOT CONDUCTED (Specify Reason))

### B2. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

The officers use of force in response to an armed offender, requires additional investigation in that; this portion of the incident is not captured on the video available at the time of this report; Additional canvass for witnesses and video will be conducted.

### B3. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

### B4. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED

LOG NO. 1082645 OBTAINED

### B5. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

**ANGARONE, KENNETH**

BS. TRR \_\_\_\_\_ OE \_\_\_\_\_ TRR(S) \_\_\_\_\_

### B7. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION, TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED TIME

17-OCT-2016 07:03:05